

THE WORLD'S WAR AGAINST CONSUMPTION

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OUTLINE OF TUBERCULOSIS WORK IN CONNECTION WITH THE OUT-PATIENT DEPARTMENT OF BELLEVUE HOSPITAL

By JANE A. DELANO

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DURING the summer of 1903 the old building of the Bellevue Dispensary was entirely remodelled and newly equipped for the care of out-patients in the vicinity of Bellevue Hospital.

I was asked by the Board of Trustees to take charge of this department in connection with the nursing service of the hospital, and to furnish pupil nurses not only for the work of the dispensary, but also to undertake a general supervision of the tuberculosis patients in their homes.

Miss Hopkins, a Bellevue graduate with several years' experience as a district nurse, volunteered to assist in the organization of this work. As it is a new departure, at least for this hospital, a brief outline of it may be of some interest to the readers of the JOURNAL.

Patients on entering the dispensary are questioned concerning their condition by a graduate nurse who acts as registry clerk, and are by her assigned to the various departments of the dispensary.

The tuberculosis patient is examined by the physician in charge and a careful history taken: If needed, an order for medication and a sputum pouch is entered on the history blank and furnished by the drug-store. If unable to procure milk and eggs at his own expense, these are also furnished by the hospital. Three dozen eggs and fourteen quarts of milk are supplied weekly. The eggs are furnished in two portions and the milk daily. Milk is often procured from the Strauss depots and the New York diet kitchens on order of the nurse.

As soon as possible after the patient's first visit to the dispensary the nurses visit his home, filling out a blank specially provided for this purpose. If sleeping in a dark room, which is often the case, the patient is advised to move the bed into the living-room and keep the windows open day and night. The nurses observe whether the patient is careful in regard to sputum, and if necessary the instructions given at the dispensary are repeated. Paper pouches which can be used twenty-four hours and then burned are provided, and the use of carbolic as a disinfectant is also taught. The nurse has a general oversight of the

patient's food, if necessary teaching him to prepare it, and instructs him concerning the importance of using separate dishes.

The first visit is usually made by Miss Hopkins, the nurse in charge, as it is most important to judge carefully of home conditions and to ascertain if they can be improved, and this knowledge is only gained by long experience in tenement-house work.

The second visit, made by a pupil nurse, is for the purpose of noticing if the instructions are being carried out, and, if not, to urge an improvement in conditions.

At least one call a month is made on every case. If, however, the patient is seriously ill and remains at home, visits are made as often as necessary, food and medication being taken to him by the nurse. But our work is especially intended to reach those whose condition is hopeful. Often the patient is referred to the Lincoln, Seton, or Metropolitan Hospitals. Notice is sent to us from these hospitals when a tuberculosis patient is discharged, and our nurses then visit him in his home.

It is too early to judge of results, but I cannot but believe that the work will be a benefit to those whom we are most anxious to reach—the patients with a reasonable hope of recovery.

It is work rather of instruction than nursing, and the leaflet, "Advice for Tuberculous Patients," will indicate what we are endeavoring to do. The medical history and nurses' blanks used in this work will gladly be sent to any institution inaugurating a service of this kind that may desire more of the detail of our method. The nurses' report for the first month shows results that promise much for the future in the war against tuberculosis.

ADVICE FOR TUBERCULOUS PATIENTS, BELLEVUE HOSPITAL, NEW YORK.

Be hopeful and cheerful; in most cases consumption is curable.

Do as you are told carefully, and remember that it will take a long time to get well.

You may improve steadily for months, and lose it all by carelessness.

Your expectoration or spit contains germs and is dangerous to yourself, your family, and your neighbors. It must always be collected in the pouches, as you have been taught, and burned.

Never swallow your expectoration.

Do not kiss anyone upon the mouth.

Always wash your hands before eating.

The treatment of your disease consists principally in (1) FRESH AIR, (2) REST, (3) FOOD.

Medicine will help, but it is not so important. Therefore the cure is principally in your own hands.

1. FRESH AIR.

Stay in the open air as much as you can.

Do not be afraid of cold weather. Remain indoors only on very windy or very damp days.

Avoid draughts, dust, and dampness.
 Never sleep or stay in a hot or close room.
 Keep at least one window open in your bedroom.
 Have a room to yourself if possible. If not, be sure to have your own bed.
 Wear wool next the skin, but not too much.
 Never get overheated. Never get chilly.
 Keep your feet warm and dry.
 Always wear rubbers in rainy weather.
 Bathe regularly. Sponge your chest with cold water every morning.

2. REST.

Avoid all unnecessary exertion. Do not walk more than you are allowed.
 Sleep at least eight hours every night, and go to bed early.
 Never run. Never get out of breath.
 Never lift heavy weights. Never get tired.
 If you have to work, take every chance to rest that you can.
Go slow.

3. FOOD.

Eat of plenty of good, wholesome food.
 Drink at least one quart of milk a day.
 Eat from three to six eggs a day, and take them raw if you possibly can.
 Eat slowly. Avoid anything which causes indigestion.
 Keep your bowels regular.
 Do not drink liquor, wine, or beer.
 Do not smoke.

4. MEDICINE.

Take no medicine without your physician's advice.
 Stop any medicine which upsets the stomach.
 Report regularly to your physician at the dispensary.
 Come immediately if you have indigestion, diarrhoea, constipation, pain, increased cough, or hemorrhage.
 If you cannot come for any reason, send word to your physician.
 If you change your address, report it.
 Follow instructions carefully and exactly, and your chances of getting well will be increased ten times.

NURSE'S REPORT

OF THE TUBERCULOSIS WORK IN CONNECTION WITH THE OUT-PATIENT DEPARTMENT
 OF BELLEVUE HOSPITAL FOR THE MONTH ENDING JANUARY 31, 1904.

Number of new patients at clinic.....	26
Number of new patients visited:	
By nurse in charge.....	20
By pupil nurses.....	2
Total	22
Secondary visits made:	
By nurse in charge.....	12
By pupil nurses.....	14
Total	26

Relief obtained from different sources:

New York diet kitchens, milk.....	84 quarts.
Straus depots, milk.....	83 quarts.
Bellevue Hospital, milk.....	42 quarts.
Bellevue Hospital, eggs.....	40 dozen.

Number of patients referred to hospitals, 18; entered hospitals, 7; 2 stayed only one day.

Number of patients referred by hospitals and visited:

By nurse in charge.....	0
By pupil nurses.....	8
Total	8

REMARKS.—Each nurse has three afternoons a week at clinic. Few patients can be persuaded to remain in hospitals long enough to derive much benefit—hence the importance of this instructive work in the homes. Good results are already apparent.

Respectfully submitted to the superintendent of the Bellevue Training-Schools.

_____, Nurse in Charge.

WHAT REGISTRATION WILL DO FOR THE NURSING PROFESSION *

By REBECCA R. HALSEY
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THE problems which are facing the nursing world at present are many, but for the benefit of those who have gathered at this third convention of the Graduate Nurses' Association of the State of Pennsylvania let me call your attention for a few moments to but one,—which is the ultimate object of this State Society,—that of "Legislation for Nurses."

Mrs. Bedford Fenwick says, "The nurse question is the woman's question, pure and simple," and that "we can only secure professional enfranchisement through State registration and self-government."

We know that the nurses of four States—to the north, east, and south of us—have, through the instrumentality of their State societies, secured protection and the elevation of trained nursing to a profession by means of this legislation, and we also know that the nurses of five more States are working for this same object, therefore we dare not sit with folded hands.

* Read at the meeting of the Pennsylvania State Nurses' Association held in Harrisburg, January, 1904.